



Nevada State Board of Podiatry
Renewal Application Check List
(For registration November 1, 2014 through October 31, 2015)

Check List for Podiatry License Renewal

1. Proof of current CPR certification
2. Proof of 50 CME credits obtained in the period of November 1, 2012 to October 31, 2014.
3. A check made out to the NEVADA STATE BOARD OF PODIATRY in the amount of \$400.00
4. Completion of the attached 3 page renewal application

Mail completed renewal application information to:

Nevada State Board of Podiatry
1325 Airmotive Way Suite 175-I
Reno, Nevada 89502

ALL RENEWALS ARE TO BE POSTMARKED NO LATER THAN **September 30, 2014**. The Board suggests utilizing some form of mailing verification to assure the postage requirement.



Nevada State Board of Podiatry

1325 Airmotive Way, Suite 175-I Reno, Nevada 89502 (775)789-2605

Renewal Application

(For registration November 1, 2014 through October 31, 2015)

Name: _____

Home Address: _____

Office Address(es): _____

Preferred mailing address: _____

Office Telephone Number(s): _____

Alternative Telephone Number(s): _____

Office Fax Number(s): _____

E-Mail Address: _____

Do you wish to receive all future information, updates and renewals via e-mail?

_____ **Yes** _____ **No**

If you select yes, you will no longer receive paper correspondence from the Board. Also note, it is your responsibility to inform the Board within 15 days should your e-mail address or other contact information change.

List all clinics, corporations or other names you presently are practicing Podiatry under:

Are you Board Certified? Yes _____ No _____

Certification Date: _____ **Expiration Date:** _____

Which Board(s)? _____

HAS ANY OTHER STATE BOARD REVOKED, SUSPENDED, REDUCED, LIMITED, MADE PROBATIONARY OR NOT RENEWED YOUR LICENSE? Yes* _____ No _____

***If yes, describe:**

Nevada State Board of Podiatry

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Any yes answers should be accompanied with appropriate details on a separate sheet of paper.

1. Have you ever been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure?
_____YES _____NO
2. Have you ever had a professional license of any type restricted, suspended or revoked?
_____YES _____NO
3. Have you ever been disciplined in any way by any professional licensing board or professional society with respect to the violation of any laws, regulations, or ethical or professional standards?
_____YES _____NO
4. Have you ever been denied a license or the right to take an examination for licensing by any state, province or country?
_____YES _____NO
5. Have you ever had any registration, certification, license or privilege to practice podiatric medicine and surgery denied, suspended, revoked or restricted by any state, federal or foreign authority?
_____YES _____NO
6. Have you ever voluntarily given up any practice privileges, restriction, certification or license to practice podiatric medicine and surgery, or have you agreed to restrict your practice of podiatric medicine and surgery in lieu of or to avoid formal action?
_____YES _____NO
7. Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of any federal, state or local law relating to the manufacture, distribution, prescribing or dispensing of controlled substances?
_____YES _____NO
8. Have you ever been convicted of, or pled guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor or felony, excluding any violations of traffic laws resulting in fines of \$300.00 or less.
_____YES _____NO
9. Do you have a medical condition which in any way impairs or limits your ability to practice podiatric medicine with reasonable skill and safety?
_____YES _____NO
10. Have you ever applied for a license or received a license to practice as a health professional in any classification under any name other than that on this license form?
_____YES _____NO

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PLEASE BE ADVISED THAT IT IS THE RESPONSIBILITY OF THE PODIATRIC PHYSICIAN TO NOTIFY THE BOARD OF ANY CHANGES IN YOUR CURRENT ADDRESS OR ANY INFORMATION LISTED ON THIS APPLICATION WITHIN 15 DAYS.

CHILD SUPPORT INFORMATION

Please mark the appropriate response. (Failure to mark one of the three will result in denial of the application)

 I am not subject to a court order for the support of any children.

 ***I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or**

 I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Signature of Applicant

Date

*Please provide supporting documentation that shows that the child support has been paid in accordance to the court order.